

# WHAT DO WE KNOW ABOUT CHILD NEGLECT AND POLICING IN ENGLAND AND WALES?

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EVIDENCE BRIEFING FOR THE NATIONAL POLICING LEAD FOR  
CHILD PROTECTION AND ABUSE INVESTIGATION

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## 1. INTRODUCTION

1.1 The purpose of this briefing is to provide the National Policing Lead for Child Protection and Abuse Investigation with evidence for consideration in the development of a National Safeguarding Action Plan. The methodology used in the reviews can be found in an associated document<sup>1</sup>. This briefing distils key messages from the research evidence on neglect, and considers them within the policing context in England and Wales. However, it is important to note that the research literature on child neglect and policing is almost non-existent. Therefore, the messages which underpin the actions in the National Safeguarding Action Plan are largely based on *best available evidence* rather than direct evidence. These messages are linked directly to the National Safeguarding Action Plan, which may be read alongside this briefing. The briefing is not intended to be exhaustive, but to raise awareness of the key issues associated with neglect that should be considered by the police.

1.2 This briefing covers 8 broad areas, and associated sub-areas, from the literature on neglect:

- 1) How is neglect defined, how common is it and what forms does it take?
- 2) What are the risk factors for and indicators/signs/impacts of neglect?
- 3) Do the police have a role to play in tackling neglect?
- 4) Preventing child neglect
- 5) How do the police and other professionals identify/ recognise neglect?
- 6) Once recognised, how do the police and other professionals respond?
- 7) What tools are available for identifying and assessing child neglect?
- 8) What does a strategic response to neglect look like?

## 2. DEFINITIONS, PREVALENCE AND FORMS OF NEGLECT

### Key messages

- 1) Although neglect is defined in civil and criminal law, defining/ operationalising it in practice is challenging
- 2) The criminal law on child neglect has been clarified within the Serious Crime Bill (2015) to make it explicit that the offence covers cruelty which causes psychological suffering as well as physical harm. Recent changes have also been made to the definition of neglect in Welsh legislation
- 3) The nature and characteristics of neglect can act as barriers to its recognition by professionals
- 4) Neglect is the most common form of maltreatment in England and Wales according to both child protection statistics and prevalence studies
- 5) Neglect can take a variety of forms including: medical, nutritional, physical, lack of supervision/ guidance, emotional and educational neglect. New areas of concern – such as obesity and lack of supervision of the online environment – continue to emerge
- 6) The evidence suggests that any training provided to or commissioned by forces on child protection should include the most-up-to date knowledge of and debates about neglect

### ***Legal and statutory definitions of neglect and responsibilities of the police***

2.1 Neglect is one of the four recognised forms of child maltreatment. Child maltreatment is defined as ‘all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power’<sup>2</sup>.

2.2 Neglect is not specifically defined in the Children Act 1989. Instead, the Act provides the legal basis on which a Family Court can make a Care or Supervision Order to a designated local authority for a particular child; this legal basis or ‘threshold’ is that the child must be suffering, or likely to suffer, *significant harm*. Significant harm is defined in Section 31 of the Children Act 1989 as “ill-treatment or the impairment of health or development”. *Development* refers to physical, intellectual, emotional, social or behavioural development; *health* means physical or mental health; and *ill-treatment* refers to sexual abuse and forms of ill-treatment which are not physical. The definition of harm also includes impairment suffered by hearing or seeing the ill-treatment of another<sup>3</sup>.

2.3 Statutory guidance on child protection in England defines neglect in the following way<sup>4</sup>:

*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:*

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *ensure access to appropriate medical care or treatment.*

*It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."*

2.4 The Social Services and Well Being (Wales) Act 2014 recently re-defined neglect in Wales, removing the emphasis on *persistence* that remains in English guidance:<sup>5</sup>:

*"Neglect" ("esgeulustod") means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health or, in the case of a child, an impairment of the child's development).*

2.5 Section 11 of the Children Act 2004 places duties on local agencies – including the police service – to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Statutory guidance in England – *Working together to safeguard children* – states that it is everyone's responsibility to keep children safe. The guidance directs *any professional* who has concerns that a child is in need or has suffered significant harm or is likely to do so, to make a referral to local authority children's social care. This can occur at any point in the duties of professionals. Where police *encounter* situations in their daily work that are cause for concern, these should be recorded and referred into multi-agency structures<sup>6</sup>.

2.6 The police may also receive referrals from others where there are concerns. Where there is a risk to life of a child or risk of suffering significant harm, the police may use their emergency powers under Section 46 of the Children Act 1989 to remove and accommodate children for up to 72 hours without obtaining a court order, where 'a constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm'<sup>7</sup>. These powers should be used in exceptional circumstances when there has been insufficient time for social workers to secure an Emergency Protection Order (EPO) from the courts.

2.7 The criminal threshold for neglect is defined in the Children and Young Persons Act 1933 (CYPA)<sup>8</sup>. Campaigners and legal experts have, however, argued that this definition is antiquated, failing to account for the wide range of harm done to a child through neglect<sup>9</sup>. In response, the new Serious Crime Act 2015 clarifies section 1 of the Children and Young Persons Act 1933 to make it explicit that the offence covers cruelty which causes *psychological* suffering or injury as well as physical harm<sup>10</sup>.

## ***Challenges in defining neglect***

2.8 Neglect is particularly problematic to define and to respond to in practice for a number of reasons:

- Neglect is considered to be the *omission* of specific behaviours by the caregivers – often without the intention to harm - rather than acts of *commission* as is characteristic of other forms of maltreatment such as sexual and physical abuse<sup>11</sup>. Identifying what has *not* happened can be more difficult than identifying what *has* happened.
- Omission of care may have differential impacts on children in the same family. Omission of care may more quickly and assertively impact on a disabled child, for example, than a child without disabilities. Some children are more resilient than others, even within the same family. These issues may present challenges for professionals in making decisions about intervention<sup>12</sup>.
- There is a focus in the UK on the *likelihood* of ‘significant harm’ to the child’s development. This means that professionals do not need a ‘decisive’ event to occur, but can focus on whether or not a child’s needs have been met. This is especially important because research shows that neglect ‘incidents’ are far less common than the cumulative harm of chronic neglect to the child’s health and development. However, determining significant harm still relies on professional judgement and knowledge. There are no established legal or medical criteria on which to rely when determining what constitutes significant harm; it may include the degree, the extent, the duration, the frequency, whether premeditated, or whether associated with threats. It could be a single traumatic event but more often is a compilation of significant events both acute and long standing which interrupt, change or damage the child’s physical or psychological development. Good professional judgement is dependent upon a good knowledge of child development and how it may be impacted on by neglect. Evidence shows, however, that professionals are not all well-equipped with this knowledge which will ultimately impact on timely decisions being taken to safeguard children. This challenge for professionals can be observed within evidence from a review/audit of child protection in Scotland, which found that some children remained at risk of significant harm for long periods despite being known to services for a considerable period of time<sup>13</sup>.
- Neglect manifests in different ways, for example, through physical and emotional neglect, yet the two do not necessarily occur together. It may be difficult to make a decision when a parent provides very good emotional care but may be unable to provide for the physical needs of the child. How much does one offset the other?<sup>14</sup>
- Neglect is often chronic, with harm being cumulative rather than the result of acute incidents<sup>15</sup>. It is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk. One-off ‘incidents’ – for example, the failure to provide adequate clothing - would not necessarily qualify as neglect, but it can be difficult to determine how many times this would have to happen before intervention is required. What does ‘persistence’ mean, particularly when the law emphasises that persistence is a key consideration?<sup>16</sup>

- Neglect can span a continuum from ‘early help needs’ (children who are identified as having additional needs, who may be vulnerable and may be showing early signs of neglect) to children in ‘acute need’ (children who are suffering or who are likely to suffer significant harm<sup>17</sup>. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes). It can be difficult for professionals to distinguish neglectful parenting from parenting styles, thus obscuring where a child may be on this continuum<sup>18</sup>.
- Considerations of responsibility and intention of the omission promote confusion, and even experts disagree about this. One argument proposes that omission of care resulting from deliberate harm – or the malicious withholding of needs – is in fact abuse and should not be confused with neglect. Neglect instead, it is argued, results from parent/ caregiver ignorance or from competing carer priorities. This view recognises that, in cases of neglect, the carer is without motive and is usually unaware of the harm to the child<sup>19</sup>. Another argument, however, proposes that neglectful carer or parental acts should be considered to be neglectful irrespective of the reason why they have occurred, warning against a pre-occupation with determining carer intention as it may over-shadow concern about the impact on the child and also hinder working with parents<sup>20</sup>.

### ***How common is neglect?***

2.9 Neglect is the most common form of maltreatment in England and Wales. Neglect was the most common cause for a child to be the subject of a child protection plan in England (43% of plans) and Wales (39% of plans) in 2013/2014, although this only represents those children who become known to social care authorities<sup>21</sup>. The most recent prevalence study of child abuse and neglect in the general population in the UK, however, also found that neglect is the most common form of maltreatment reported; 5% of under 11s (as reported by their parents or carers), 13.3% of 11 to 17 year olds and 16% of 18 to 24 year olds experienced neglect at some point in their childhoods<sup>22</sup>. The study found that 9% of 18 to 24 year olds reported having experienced ‘severe’<sup>23</sup> neglect by a parent or guardian in their lifetime. Males were more likely to report physical and educational neglect, whereas females were more likely to report emotional neglect. Neglect is more prevalence in Serious Case Reviews (SCRs) than previously thought. It was found to be a factor in 60% of 139 SCRs that were carried out between the years 2009 to 2011<sup>24</sup>. Of 101 SCRs carried out between 2005 and 2011 where neglect was substantiated, 42% of the children subject to the SCR had no child protection plan in place at the time (their plans had been discontinued).

### ***Types/ forms of neglect***

2.10 Neglect can take a number of different forms, although they are not necessarily mutually exclusive. Box A provides an overview of the different types/forms of neglect identified in the literature<sup>25</sup>.

## Box A: Types of neglect

Type/form of neglect	Characteristics associated with type/ form of neglect
Medical neglect	Where parents / carers minimize or deny a child's illness or health needs and/or they fail to seek appropriate medical attention or administer medication and treatment. A study of SCRs found medical neglect to be associated with catastrophic consequences in 5 of 46 cases which were examined <sup>26</sup> .
Nutritional neglect	Where a child does not receive adequate calories for normal growth – also called failure to thrive. At its most extreme, nutritional neglect can take the form of malnutrition; linked to 8 of 46 cases with catastrophic consequences in the study of SCRs <sup>27</sup> . Although not historically linked with neglect, a rise in obesity in the United States, and more recently in the UK, has promoted debate about when obesity becomes an issue of child welfare/protection <sup>28</sup> .
Emotional neglect	Where a parent / carer is unresponsive to a child's basic emotional needs. They may fail to interact or provide affection, undermining a child's self-esteem and sense of identity. Most experts distinguish this from emotional abuse by the intention behind the action, whereby emotional abuse is inflicted and emotional neglect is an omission of care <sup>29</sup> . Some young people who were the subject of SCRs had attempted or committed suicide (7 of 46 cases). Where this was the case, a long-term history of neglect or extreme isolation was found to be part of their circumstances <sup>30</sup> .
Physical neglect	Where a parent/ carer does not provide appropriate clothing, food, cleanliness and living conditions. Unexplained deaths occurred in the context of neglectful care and a hazardous home environment in 10 of 46 cases examined in the study of SCRs <sup>31</sup> . Further, assumptions about neglect were found to mask the danger to a child's physical safety in 7 cases in the study of SCRs; physical assault led to death or serious injury in all of these cases <sup>32</sup> .
Lack of supervision and guidance	A form of neglect in which a parent/carer fails to provide an adequate level of guidance and supervision to ensure a child's safety and protection from harm. A child may be left alone, abandoned, left with inappropriate carers or they may not be provided with appropriate boundaries about behaviours such as under-age sex or alcohol use. The study of SCRs found accidents to be associated with catastrophic consequences in 9 of 46 cases <sup>33</sup> .
Educational neglect	Where a parent/carer fails to provide a stimulating environment or show an interest in the child's education at school. They may fail to respond to any special needs and they may not comply with state requirements about school attendance.



### 3. RISK FACTORS FOR, INDICATORS OF AND IMPACTS OF CHILD NEGLECT

#### Key messages

- 1) 'Risks' and 'indicators' are not predictive of neglect, but they are useful as they can assist professionals to remain alert to the possibility of neglect
- 2) Individual risk factors, indicators and impacts of neglect are difficult to untangle from other forms of abuse, violence or adversity experienced by children and young people
- 3) Nevertheless, a range of risk factors have been identified in the literature as associated with child neglect. Studies have identified a range of maternal risk factors, but the literature has seriously neglected paternal contributions to neglect
- 4) Poverty has been associated with neglect in a number of studies; but the evidence is not yet robust enough to determine whether it is poverty – or other factors that may be present within disadvantage – that increase the risk of neglect. Caution is urged in making these links, as neglect has been found to occur across the socio-economic spectrum
- 5) It is more likely that neglect is a result of a complex interplay of risk factors and professionals should, therefore, avoid simplistic judgements about risk factors
- 6) Indicators / signs of neglect are many and varied across different domains of a child's life. They may manifest differently according to a child's developmental stage. Indicators may also, however, be a sign of some other underlying factor that is not related to neglect
- 7) Neglect has been found to be a risk factor for a range of longer-term impacts in adolescence and adulthood. Neglect may be one reason why young people go missing, for example. Currently, missing children are the focus of concerns around CSE but once a child has been found, all reasons – including neglect – should be considered
- 8) The range of indicators, and the evidence about the long-term impacts of neglect, emphasise the importance of early identification to prevent significant deterioration of emotional and physical health and development in children. All professionals have a responsibility to act when they suspect neglect

#### ***Risk factors for neglect***

3.1 Factors which have been identified as '*risks*' for neglect are features associated with the *likelihood* of actual or future harm in children. Factors associated with an increased risk of neglect may also act as risks for other adverse outcomes – not just for neglect or maltreatment. Thus, they suggest an elevated *likelihood* of neglect, but do not directly predict neglect<sup>34</sup>. Risk factors for neglect, for example, will be evident in family circumstances where neglect is not occurring. Alternately, neglect may be occurring within a family where recognised risk factors are not present. Risk factors should, therefore, be interpreted with care and professionals should not assume a causal relationship.



3.2 Understanding the risk factors for neglect is not simple. Many research studies do not disentangle different forms of maltreatment, with neglect the least likely form of maltreatment to be prioritised. Research also suggests that, in fact, children and young people often experience more than one form of maltreatment. Where they experience poly-victimization – in other words, many different forms of violence and abuse across multiple domains of their lives (for example, in the home, at school and in the community) - the emotional, social and physical costs can be considerable<sup>35</sup>. The multiple adversities literature also highlights that in addition to maltreatment, children and young people often contend with a range of other adversities in their lives which are evidenced in longitudinal studies to have cumulative harmful psychosocial, educational and behavioural effects<sup>36</sup>. The implications of all of this mean that it can be incredibly difficult to understand whether risk factors, indicators and impacts relate to neglect, some other form violence and abuse, some other adversity or to a complex inter-play of these things.

3.3 Nevertheless, a systematic review of risk factors for neglect<sup>37</sup> reported a range of factors associated with child neglect. Factors most strongly associated with child neglect include:

- maternal lack of social support, daily stress, low self-esteem, and impulsivity.
- low frequency of interaction between mother and child.
- and maternal fertility factors, such as unplanned pregnancies, greater number of live births and unplanned conceptions are most strongly associated with neglect.
- individual child factors, in particular, low birth weight and children with disabilities.
- family/ context factors such as low socio-economic status.

3.4 The authors of the systematic review noted that fathers have rarely been considered in this literature, and thus evidence about the contribution of paternal factors to neglect is under-developed.

3.5 Other reviews<sup>38</sup> have noted that parental mental health problems can lead to a deterioration of parenting capacity; and that maternal depression, anxiety and psychosis can impact on parent-child relationships. Substance misuse has been linked to neglect because of the impact it has on parental coping and behaviours. The presence of a parental learning disability is also cited as a risk factor. Children are twice as likely to have neglect confirmed if domestic abuse is occurring in the household. Three specific features mentioned above – parental mental health problems, parental substance misuse and domestic violence – are referred to as the ‘toxic trio’ because they have consistently been found to be in evidence when families come to the attention of social care because of concerns about a child<sup>39</sup> and have been repeatedly found in SCRs as underpinning a significant proportion of child deaths<sup>40</sup>.

3.6 The association between poverty and neglect has been supported by a number of longitudinal studies<sup>41</sup>, including the Avon Longitudinal study in the UK<sup>42</sup>. Other researchers who have investigated neighbourhood and community characteristics warn, however, that the links between poverty and neglect cannot categorically be made<sup>43</sup>. It may be other factors which are responsible for neglect. The Avon Longitudinal study also found, for example, that a strong risk

factor for neglect is mother and father young age which could be a mediating factor. It may be that poverty is associated with higher rates of teenage pregnancy; and it is the young age – rather than poverty – which is associated with neglect. Young mothers and fathers lack the knowledge and experience in raising and caring for children which may lead to unintentional neglect. Similarly, substance abuse has been implicated in neglect, but it may instead be that it is parenting in a stressful environment – which may increase the likelihood of substance misuse – that is associated with neglect, rather than substance use itself.

3.7 While these studies may provide pointers to elevated risk, experts also warn that:

*It is rare for there to be a single clear pathway leading to either emotional abuse or neglect. If practitioners are to recognize the signs of both types of abuse, they need to be alert to the interplay of the multiple risk and protective factors that make such forms of maltreatment more – or less – likely<sup>44</sup>.*

### **Indicators of neglect**

3.8 *Indicators* suggest a child is experiencing *actual* neglect. Indicators may appear as visible physical signs, child behaviours or parent-child interactions. However, similar to risk factors, an indicator does not signify a causal relationship; indicators may be present for a host of reasons of which neglect is not one<sup>45</sup>. For example, what looks like neglect may, after further enquiry, be found to be caused by something else.

3.9 There is some evidence that children who experience neglect but are not otherwise maltreated may be more adversely affected than those who are both neglected and physically abused<sup>46</sup>. Impacts can reach into adolescence and adulthood<sup>47</sup>. Research reveals that young children who experience significantly limited caregiver responsiveness may sustain a range of adverse physical and mental health consequences that actually produce more widespread developmental impairments than overt physical abuse. These can include cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruption of the body's stress response. Indicators and signs of neglect are varied and cross many different domains of a child's life. They can also be developmentally specific. However, indicators may also be non-specific and be the result of a range of underlying factors of which neglect is only one. Indicators may also be appearing as impacts of experiences of neglect.

### Children aged 0 to 6

3.10 One key indicator of neglect in very young children – indeed, newborns - is faltering growth. Developmental delay in language and communication has been observed in children as young as three years old<sup>48</sup>. Researchers at Cardiff University carried out a range of systematic reviews on indicators of neglect among different age groups and related to different types of neglect. They examined indicators of dental neglect, for example, and found that parental failure or delay in seeking dental treatment was indicative of neglect, as was failure to comply

with treatment and failure to provide basic oral care. In turn, this was found to manifest in oral pain and swelling in children<sup>49</sup>.

3.11 The Cardiff researchers examined the early years (children aged 0 to 6) and found the following features to be particularly associated with neglected children<sup>50</sup>:

- Aggression, in particular, angry, disruptive behavior, conduct problems, and oppositional behavior
- Withdrawn or passivity, including negative self-esteem, anxious or avoidant behavior, difficulties interpreting emotional expressions in others
- Developmental delay, particularly delayed language and cognitive function; poor peer interactions; and transitions from ambivalent to avoidant patterns and from passive to increasingly aggressive behavior
- Emotional knowledge, cognitive function and language deterioration
- Maternal-child interactions characterized by poor sensitivity, hostility, criticism or disinterest

#### Children aged 5 to 14

3.12 A systematic review of the international research on indicators and signs of neglect among 5 to 14 year olds was also undertaken by the Cardiff researchers<sup>51</sup>. They found that the impact on behavior is often greatest when neglect starts early in a child's life or if the child experiences both neglect and emotional abuse. The authors' found that the following indicators may be observed in neglected children:

- *Behavioural signs*: children may be prone to aggression and hostility, show greater impulsivity and concentration or they may be quiet and withdrawn
- *Interpersonal signs*: children may show difficulties in their friendships (or not have any friends at all), they may socialize less than their peers and may be perceived negatively by their peers
- *Emotional signs*: children may show low self-confidence, find it difficult to interpret emotions, exhibit more mood swings than other children and have fewer coping skills.
- *Educational signs*: children may find it difficult to carry out complex tasks in school and may have lower IQs than their peers.
- *Parent-child relational signs*: parents of neglected children may show a lack of emotional warmth, be more negative than other parents, may make more demands of their children and fail to respond to requests for support from their children.

#### Young people aged 13 to 18

3.13 Finally, a review by the same researchers<sup>52</sup> of emotional neglect among 13 to 18 year olds found that neglected young people may be at greater risk of victimization in other domains of their lives, may exhibit delinquency, may express a lack of confidence in their futures, may misuse substances and may exhibit depression. Neglect was identified as a risk factor for child sexual exploitation in the Office of the Children's Commissioner's Inquiry into sexual exploitation in gangs and groups<sup>53</sup>. Neglect has been found in research to be associated with 'going

missing'<sup>54</sup> – itself a key indicator of CSE. Children may go missing because of neglect at home, and become vulnerable to CSE as a result.

## 4. DO THE POLICE HAVE A ROLE TO PLAY IN ADDRESSING CHILD NEGLECT?

### Key messages

- 1) No UK dedicated studies on policing and child neglect were identified by this review
- 2) This may reflect wider societal/professional perceptions of the police as a professional group who *receive* referrals about more serious concerns; rather than as a professional group in a position to spot early warning signs of neglect and act on their concerns

- 4.1 No dedicated research studies on policing and child neglect in the UK were identified by this review. One possible explanation is that the vast majority of concerns related to neglect fall under the criminal threshold. Even so, the review did not identify any dedicated research studies on the police role in cases of criminal neglect either. Other researchers in the UK have also noted a distinct lack of research attention to the role of the police in child neglect<sup>55</sup>.
- 4.2 This absence of evidence on policing and neglect is partly symptomatic of broader patterns of interest in child neglect. Neglect is comparatively under-researched in the child protection field<sup>56</sup>, despite it being the most common cause for a child to be the subject of a child protection plan in England and Wales<sup>57</sup> and being the most common form of child maltreatment reported in the family, according to the recent UK prevalence study<sup>58</sup>.
- 4.3 Arguably the lack of evidence on policing and child neglect stems also from the fact that police are not typically seen by child protection experts and researchers to be a professional group who might be in a position to intervene when there are early concerns. Rather, they are seen as a professional group who *receive* referrals *from others* only when there are more serious concerns. This is demonstrated across a number of research studies involving primary school teachers and assistants, nursery workers and assistants, midwives, health visitors, doctors, early years practitioners and school nurses – but which do not include police officers. All of the other professionals are deemed to be in a position to spot the early warning signs of neglect by virtue of their day-to-day contact with children<sup>59</sup>. The police are positioned by experts and researchers outside of this context, as the following quote demonstrates: *We spoke to professionals who are in a position to spot the early warning signs of neglect (as opposed to police and social workers, who receive referrals about more serious concerns). Primary school and nursery teachers and assistants, primary school and nursery-based nurses, doctors, midwives and health visitors all took part in the research*<sup>60</sup>.
- 4.4 While the remit and role of the police differs significantly from those professionals listed above who deliver universal services to children and young people, *Working Together* guidance recognises the important role of the police in early identification of concerns – not simply as ‘referrers’. The police do not merely *receive* referrals from others, but they encounter children

and families every day in their homes and in communities and this presents opportunity for improved identification of children with early needs. As the study of SCRs<sup>61</sup> found, a significant proportion of SCRs where neglect was a factor were *unknown* to children's services. This means that other professionals who may have had contact with these children did not identify them in a timely way. At present however, virtually nothing is known about what the police understand and think about neglect, how they see their roles and responsibilities in relation to neglect, nor how they go about identifying and acting / responding to neglect. This is an area of child protection that needs urgent attention by the research community.

## 5. PREVENTING CHILD NEGLECT

### Key messages

- 1) There are some promising approaches to the primary prevention of child maltreatment – by reducing the risk factors associated with it
- 2) There is international evidence that some programmes such as home visiting and parenting programmes may be effective; and evidence is beginning to emerge in the UK that these programmes show promise
- 3) The programmes are typically delivered by sectors such as health, education or the voluntary sector. No evidence has been found of any criminal justice approaches to the primary prevention of child neglect
- 4) The police could feasibly contribute to community awareness raising about child neglect with key partners. Ideally, this would be evaluated in order to begin developing an evidence-base on promising approaches to primary prevention

5.1 Promising interventions in the primary prevention of child neglect (in other words, preventing child neglect before it occurs) are largely delivered outside of the criminal justice system and may be population based or targeted towards particular groups at higher ‘risk’ of maltreatment, including neglect.

5.2 Those which are population based have advantages such as reaching children and young people who might not come to the attention of services or whose needs do not meet requirements for statutory intervention. Further, they are less stigmatizing and may perhaps help reach families who are typically low users of services – but who might be more likely to utilize non-stigmatising services. Examples currently delivered in the UK include Sure Start (now Children’s Centres), Health Child Programme and Inter-Disciplinary Framework and parenting programmes such as the Triple P – Positive Parenting Programme – all programmes delivered by sector agencies other than the criminal justice system<sup>62</sup>. Broad media and awareness campaigns present another population based approach to prevention, although the evidence on preventing neglect is absent, and the current review found no examples of or evidence for criminal justice-based campaigns. We know from evidence on prevention and awareness programmes aimed at reducing sexual violence that these programmes show promise in changing knowledge, awareness and in some cases, attitudes in the short-term. However, we do not know whether these types of programmes reduce actual rates of sexual violence<sup>63</sup>. Despite this, one UK based study recommends community awareness raising as part of a broader national strategy to tackle neglect<sup>64</sup>.

5.3 Targeted approaches to prevention are seen to be more efficient and cost-effective, directing resources through their focus on sectors which have the highest need. An example is the Nurse-Family Partnership (NFP), the cost-effectiveness of which is entirely dependent upon careful targeting of the service to socio-economically deprived, first time, teenage parents<sup>65</sup>.



Both population based programmes (parenting programmes) and targeted programmes (Nurse-Family Partnership) have shown promise, through evaluation, in reducing the factors for child maltreatment<sup>66</sup>, although the evidence within the UK is only just beginning to build.

## 6. NOTICING AND RESPONDING TO THE NEGLECTED CHILD

6.1 Given the lack of direct, focussed studies on the role of the police in child neglect, the review re-directed focus to research from other disciplines as well as research that has taken a multi-agency focus on neglect to draw out any relevant learning that might be helpful for the police. Evidence provided in the remainder of this briefing comes from one of two sources: 1) Evidence from other professionals which is used to consider the role of the police (this will be referred to as 'best available evidence') and 2) Evidence from studies with a multi-disciplinary approach which involved professionals from different sectors, sometimes including police professionals as participants. While these latter studies provide learning points for policing, they should not be considered robust studies of police practice because a) most involved only a small numbers of police participants and b) the studies were not designed specifically to examine police practice in the context of child neglect.

### ***Professionals' views on their roles and responsibilities in providing early help***

#### **Key messages**

- 1) Statutory guidance requires all professionals – including the police - to understand their roles in the identification of children and young people who would benefit from early help. Experts highlight the need for strong, strategic leadership in identifying neglect as an area for active and continuous improvement. Evidence and recommendations from experts suggest that the National Policing Lead for Child Protection and Abuse Investigation should ensure that a strong and consistent message about police responsibilities related to neglect is communicated to all forces
- 2) Best available evidence from professionals in universal services suggests that professionals more closely aligned to traditional 'early help' services are more likely than professionals without an 'early help' remit to understand their roles and responsibilities in relation to neglect and early help. Given this, and in the absence of evidence from police professionals, it is reasonable to propose that police officers might have even less understanding of their roles and responsibilities in this regard

6.2 *Working Together to Safeguard Children* (2015)<sup>67</sup> emphasises that early help is more effective at promoting children's well-being than reacting later. Early help means providing support as soon as a problem emerges at any point through childhood and adolescence. Effective early help involves 1) identifying children and families who would benefit from early help; 2) undertaking an assessment of need; and 3) providing early help services. The key role for the police is in the early identification of children and families. The guidance requires that all professionals *understand their role* in identifying emerging problems and *share information* with other professionals to support early identification and assessment.

6.3A systematic review of the literature on noticing and helping the neglected child found that some professionals view themselves primarily as ‘referrers’ or ‘reporters’ as opposed to a professional group who can provide early help<sup>68</sup>. A very recent study of over 800 universal service professionals in England explored perceived roles and responsibilities in relation to identifying neglect and providing early help (the police, as a professional group, were omitted from this study)<sup>69</sup>. The researchers found that, while many professionals in these services believed that they and other universal services have a responsibility to identify neglect and provide early help, variation could be observed both between professional groups and within professions. Professionals in roles typically associated with the provision of early help (early years practitioners, school nurses and health visitors) were more likely to understand identification of concerns and the provision of early help as their responsibility than other professionals (such as general practitioners, midwives and teachers). In the absence of any evidence about how police understand their roles and responsibilities, it is reasonable to propose that police professionals may be even less likely to view identification of neglect and early help as a part of their responsibilities, given the police are not early years providers.

## ***Recognising (noticing) the neglected child***

### **Key messages**

- 1) There are a range of barriers to recognizing neglect. The barriers may be the same for police professionals as for other professionals which have been examined in the research. There may be additional barriers to recognition for the police that are as yet unknown, however
- 2) Recognition of neglect is not automatically predictive of a professional response. There are a range of barriers to responding to neglect, even when recognition by a professional is clear
- 3) Research evidence indicates neglect-related training is not consistently provided across professional groupings. Research evidence on police training in neglect is absent, although police inspections highlight inconsistency in child protection training across and within forces
- 4) Inspections do not comment on the quality and content of child protection training, however. Given that most concerns about neglect fall below the criminal threshold, it is important to understand how neglect is included in wider child protection training within the police service and what status it is given within that
- 5) Police training in child protection should include specific reference to child neglect and include a range of issues that address child development and should concertededly seek to address the many barriers to recognition and response that exist
- 6) There should be a focus on best practice and on equipping the police (through training and service development) to address neglect more actively

## ***Recognition of neglect***

6.4 Research reveals that professionals have a *high threshold for recognizing emotional abuse and neglect*<sup>70</sup>. Research has demonstrated that professionals have an even higher threshold for recognising and reacting to neglect than the public<sup>71</sup>. Furthermore, professionals have demonstrated a reluctance to act when cases are not clear cut<sup>72</sup>. HMIC inspections identify a similar pattern of behaviour within policing as this quote from one inspection report emphasises<sup>73</sup>: *Investigations where the evidence was less clear-cut, where young people did not co-operate or where there were a number of aspects that needed to be investigated before decisions could be reached about the right course of action, were handled less well.*

6.5 *Omission of care*, as a feature of neglect, poses challenges for professionals also. Clearly abusive incidents which result in a 'crisis' are rare in cases of neglect, and therefore a child may go unnoticed<sup>74</sup>. This could provide part of the explanation as to why HMIC inspections found that the police struggled with complex cases, although the inspection reports rarely referred to neglect.

- 6.6 There is evidence that the police *do not fully understand the links between domestic and community violence and other forms of harm*. An analysis of SCRs between 2003-2005 found police to be the agency most involved with families in cases of neglect; but usually because they were involved with community or domestic violence<sup>75</sup>. A very recent analysis of a large domestic violence service database similarly found that in almost half of the cases of domestic violence referred to the DV service that there were other forms of harm occurring in the family – and that the police were a key agency involved prior to the referral<sup>76</sup>. Further, HMIC inspection reports continue to identify that the links between domestic violence and other forms of harm are not systematically considered by police officers<sup>77</sup>.
- 6.7 Professionals may find it more difficult to recognise neglect among *certain groups of children*. There is an absence of a common understanding/ definition, for example, of what constitutes ‘appropriate supervision’ among adolescents. Indeed, HMIC inspections found that police response to adolescents is generally weaker. An example inspection report from one force (although this was found to be a problem in others also) stated: *When the matter was clearly identified as one of child protection, the force responded well. In difficult or complex cases, such as those involving adolescents, the response was weaker. This was more apparent in some areas than others*<sup>78</sup>. Research on child maltreatment has found that professionals may hold different perceptions of risk for adolescents than for younger children<sup>79</sup>. Professionals may also find it difficult to recognise neglect in disabled children where the disability provides the focus for intervention and may be viewed as the explanation for a child’s environment rather than a child’s unmet needs<sup>80</sup>.
- 6.8 *Expectations about child disclosure* may pose another barrier to professional recognition of neglect. Best available evidence suggests that children and young people are less likely to seek help and ‘disclose’ neglect than other forms of abuse such as CSA or physical abuse<sup>81</sup>. This may be because they do not recognise that what they are experiencing is neglectful, or because they do not want to get their parents in trouble particularly where the family may be under considerable strain already. There is evidence that some professionals make assumptions that older children are better able to voice their needs than younger children<sup>82</sup>; this attitude may unwittingly close down opportunities for children to seek help.
- 6.9 Professionals may also assume that *families will reach out for help* when they need it. Asking for help, however, is complex and difficult. Whether they ask for help or not is influenced by: how far the parents/carers will think there is a problem; whether the same level of concern is shared by the parents/carers and professionals; whether the parents/carers have confidence to ask for help; whether parents/carers are worried about the stigma of asking for help; and concerns about what happens once help is sought<sup>83</sup>. Parents experience help-seeking as stressful, fear their children may be removed and prior experiences may negatively impact on future help-seeking<sup>84</sup>. Research has identified a paradox of when to ask for help – a parent in one study noted that help is not offered until it is asked for<sup>85</sup>.

6.10 There is evidence that, for many of the reasons above, that neglectful parents are low users of universal services and parents may even conceal their problems from professionals if they fear their children will be removed. In fact, regular missed routine medical appointments can be an indicator of neglect; the analysis of SCRs in 2005-2007<sup>86</sup> found more than a third of the children in these cases had a history of missed appointments for immunizations and developmental checks. Thus, professionals cannot assume that parents will actively seek help when they feel they need it.

### ***Training in neglect***

6.11 Training all professionals across all services in child protection is regarded by experts as critical to ensure that professionals are able to recognise and respond to children in need or who are suffering significant harm or are likely to do so<sup>87</sup>. It has also been deemed as important in allowing professionals to challenge other professionals<sup>88</sup>. Training in child neglect specifically is important to ensure timely-decision making to avoid significant harm to a child<sup>89</sup>.

6.12 The evidence is mixed regarding the extent and comprehensiveness of training in neglect across professional groups. Some professionals, such as early years and education professionals tend to report having had more training in neglect<sup>90</sup> than other professionals such as GP<sup>91</sup>s. The importance of training in this area cannot be underestimated; results of a poll of 1,926 professionals found that those who had received training in neglect were more likely than those who had not to report that they had identified a child that was being neglected.

6.13 There is very little evidence in relation to training across the police service. Only one UK study which reported on training included a response by a police participant who said that their knowledge about child neglect had been entirely self-taught. HMIC inspections<sup>92</sup> have noted patchy training in child protection/ safeguarding across staff groupings, with specialist child protection officers demonstrating the best knowledge and holding the most experience in child protection matters. Call handlers' knowledge and training in responding to safeguarding concerns have been praised. However the inspections found that other police staff, particularly custody staff in some forces, lacked knowledge about child protection. The reports do not specify the quality and content of the training received, so it is unclear to what extent their training relates to neglect. Given that neglect does not always come labelled as a child protection issue<sup>93</sup>, it may be that neglect (unless it is criminal) sits outside of the training context. It would be important to develop an evidence base on the extent of police training specifically on neglect – as opposed to child protection more broadly.

6.14 Interviewees in Gardner's (2008) study (including 100 interview participants across social care, education, the police service, health and other agencies) provided recommendations for topics that they would like to be included in training:

- Signs, symptoms, appropriate actions and reaching a judgement
- Thresholds and what to do if you're worried
- Identification and assessment tools for neglect

- The child's perspective
- The effects of neglect
- Case study scenarios, multi-agency training and reflection
- Research and practice development
- Recording and presenting evidence on neglect
- Specific subjects relevant to neglect, such as parental substance use

6.14 Lord Laming's report following the death of Victoria Climbié advised that training should be comprised of a balance between theoretical and practical training, and specifically mentions the police as a key professional group that should receive this. Importantly, police should have an understanding of child development in order to understand the impact that neglect can have on a child's development. Understanding of this can help to ensure that decisions are taken in a timely way in order to stop significant harm from occurring<sup>94</sup>.

### ***Responding to (helping) the neglected child***

#### **Key messages**

- 1) Recognition of neglect alone does not mean that professionals will act. Professionals have reported a range of barriers to taking action when they have concerns about neglect
- 2) Lack of services and resources can be a barrier, but so can challenging multi-agency and partnership contexts

6.15 Once neglect is recognised, it might be easy to assume that professionals will act. Research has documented, however, that this does not always happen for a host of reasons. It seems that neglect in particular poses difficulties for professionals. An NSPCC survey, for instance, found that of over 200 social work practitioners and associated professionals, 76% were confident that timely action was taken in relation to physical abuse and 75% in relation to sexual abuse. In contrast, only 7% were confident that timely action is taken in response to neglect<sup>95</sup>.

6.16 A large survey of professionals (n=2,153) by Action for Children (AfC)<sup>96</sup> - and supported by other research<sup>97</sup> - revealed that half of the professionals surveyed feel unable to act when they have concerns about neglect because of a lack of available services and resources. The AfC survey included police participants (n=200), 42% of whom said that public spending cuts had impacted on their ability to intervene in cases of child neglect.

6.17 In a review of barriers to reporting child maltreatment concerns<sup>98</sup>, 'quality' of suspicion and of evidence was found to be a key concern among professionals, a finding supported in other research as well<sup>99</sup>.



- 6.18 Other practitioners/ agencies are viewed by some as barriers to taking action (where professionals are mistrusted by parents/ families)<sup>100</sup>; where social services are seen to have thresholds that are too high<sup>101</sup>; or where other professionals are seen to be failing in their responsibilities – the AfC survey found that 44% of police participants cited this as the main barrier to taking action<sup>102</sup>.
- 6.19 The emotional impact from working with families who are uncooperative, hostile or resistant can present barriers to engagement and taking action<sup>103</sup>. Twenty-nine per cent of all professionals in the AfC survey cited this as a primary reason for feeling powerless to take action, with 20% of the police participants reporting this. Practitioners can feel overwhelmed by the enormity of a neglectful family's needs<sup>104</sup>. Families may be subject to numerous referrals for intervention over many years, with experts citing the tendency towards the 'start again syndrome' as a way of coping with feelings of powerlessness – this refers to new workers attempting to promote change without fully recognising the cycle of brief improvements and relapses experienced by the children in the family<sup>105</sup>.

## 7. TOOLS FOR IDENTIFYING AND ASSESSING NEGLECT

### Key messages

- 1) There is currently no evidence base on the potential of tools to help professionals *identify* neglect
- 2) Despite this, the Welsh Neglect project have recommended the development or adoption of a screening tool for use by some front line professionals, including the police
- 3) There is more evidence on *assessment* tools for use by professionals who receive referrals about concerns and need to make decisions and assess cases
- 4) The Graded Care Profile (GCP) and the Safeguarding Assessment and Analysis Framework have been identified as promising UK assessment tools deemed to be comprehensive, with good consistency with the Assessment Framework and have clear guidance to help practitioners make sense of / analyse information. More evidence about their rigour and validity is, however, required

7.1 Several reviews and research studies have been carried out in the UK in recent years investigating tools for *assessing* child neglect, used during assessments undertaken when potential needs and concerns have already been identified by a professional or para-professional<sup>106</sup>. None of these reviews or studies explored the potential of tools which might be used by a broader base of professionals in helping them to identify ‘first concerns’. A key recommendation by the Welsh Neglect project team<sup>107</sup> is the adoption of a screening tool for use by some front-line professionals such as the police<sup>108</sup>. An author of one review undertaken for this project noted, however, that: *“Any potential tool for earlier identification of neglect would have to be examined carefully since if it were intended to be brief it would necessarily omit some aspects of neglect. It could prevent over-reliance on such a tool if it were described as an “aid to identifying concerns” rather than as a screening or assessment tool. There is no “one page” tool evidenced to successfully identify all instances of child neglect”*<sup>109</sup>.

7.2 Regarding assessment tools, a systematic review for the Department for Education<sup>110</sup> outlined the features of an ‘ideal tool’. While the police may not be the main professional assessing concerns, the following features provide pointers for specialist police officers who are involved in assessment decision-making within multi-agency structures. Features of an ideal tool include the following:

- They should provide a balance of structure in terms of professional judgement and standardisation.

- They should encourage assessment and analysis of information, which covers the full range of assessment domains that are known to be associated with children's optimal development, and thereby consistent with the Assessment Framework.
- They should be sensitive to the issue of different stages within an assessment.
- They should incorporate clear guidance with regard to assessing parental 'capacity to change'.
- They should provide guidance or pointers about how the model of Structured Professional Judgment could be incorporated or integrated into a whole system.
- They should be underpinned by a model of 'partnership working' with children and families.
- They should be clearly based on best available evidence about which factors are associated with significant harm of children.
- They should acknowledge and promote the tools use within the context of an effective relationship between the children's services professionals and the children and adults being assessed.

7.3 Barlow et al.'s review concluded that there are no existing tools that meet all of the ideal requirements listed above. The review identified the Graded Care Profile (GCP)<sup>111</sup> and the Safeguarding Assessment and Analysis Framework (SAAF)<sup>112</sup> to be promising UK-based tools that have some of the ideal features. These tools are noted to have good consistency with the Assessment Framework, are comprehensive and are accompanied by clear guidance to help professionals make sense of and analyse information. The review found that the only UK-developed tool to be evaluated to date in terms of inter-rater reliability is the original Graded Care Profile<sup>113</sup> which shows high inter-rater reliability in all domains. It was also found to be workable in routine practice and user friendly<sup>114</sup>.

7.4 Research undertaken in Cardiff as part of the Welsh Neglect Project<sup>115</sup> found that all local authorities in Wales but one were using a tool to assess child neglect. Eleven different tools were in use, the most common being the GCP<sup>116</sup> (5 different modified version were in use) and the Home Conditions<sup>117</sup> tool. The Cardiff research also noted factors that facilitate the use of these tools:

- a dynamic lead with a clear brief to develop systems
- good communication between agencies
- multi-agency training and opportunities for joint working
- stable staff groups
- good multi-agency links
- and adoption of approaches that fit with current infrastructure such as IT

7.5 Factors that undermine the use of these tools include:

- lack of awareness and understanding of the adopted tools
- high staff turnover
- lack of time and resource to undertake the training required
- lack of communication/ weak multi-agency links
- and difficulties engaging the parents in the assessment process

## 8. A STRATEGIC RESPONSE

### Key messages

- 1) A national strategy for tackling neglect is recommended by numerous experts and campaigners. The Welsh Neglect Project has recommended that the Welsh Government develop a national strategy
- 2) Actions are required at all levels of society to strategically respond to neglect. Experts call on the government, LSCBs, individual agencies including the police and front-line professionals to engage in a strategic response
- 3) All agencies, including the police, should ensure there is someone with located responsibility for disseminating best practice on child neglect within agencies and with partner agencies
- 4) Good information about local support services should be available for children and families so they know where they can seek support
- 5) Procedures for responding to concerns about neglect that do not meet the criminal threshold should be reviewed. The police should work with LSCBs to determine how best this information can be shared to inform a broader picture of the scale of neglect in local areas – and regionally

8.1 A number of research reports and reviews note that a strategic response is required in tackling neglect, given the multi-faceted nature of neglect<sup>118</sup>. At present, there is no national strategy on neglect in England or Wales<sup>119</sup>, although following the extensive work of the *Welsh Neglect project*, the NSPCC and AfC have recommended that the Welsh Government develop one<sup>120</sup>. This strategy could provide the framework to co-ordinate efforts nationally and locally so that child neglect can be identified and addressed as early as possible. A strategy also allows the opportunity to benchmark the current response, identify areas for improvement, and measure progress against those desired outcomes.

8.2 Gardner's report *Developing and effective response to neglect and emotional harm to children*<sup>121</sup>, based on a focussed literature review, a national seminar and interviews with over 100 professionals across different sectors in England recommends the following actions as part of a systematic response from the government, LSCBs, individual agencies with key responsibilities and front line professionals:

- There should be agreed information-sharing and recording of concerns about child neglect. This could, as has been recommended within the Welsh Neglect project, take the form of a national protocol for working with neglect
- There needs to be greater precision in legal and procedural terms and thresholds

- Each LSCB should have an inclusive strategy for addressing neglect, including a crisis response
- Good quality information should be provided for children, parents and concerned others, with identified contact points
- Universal and targeted provision for children and parents (separately and together) are needed that address specific components of neglect
- There should be located responsibility for achieving best practice on child neglect, in all relevant services - including emergency, community and adult services
- Staff development and training plans should address staff security, health and safety, knowledge base, supervision, audit and case work
- There should be assessment and risk analysis specific to child neglect, linking identified problems to relevant services.
- An annual review by Action for Children found that systems for collecting accurate figures in relation to neglect are inadequate, often piecemeal and localised. The review authors recognise that this can be difficult because neglect can be difficult to label, but this is also precisely why new methods and models for recording prevalence are required. There is no published information on police recording that could be assessed for its contribution to the larger picture of neglect in local areas. Forces should review their systems and their recording procedures for not just criminal neglect, but for cases where there are concerns that may arise in the course of other investigations.

## 9. CONCLUSIONS

- 9.1 This briefing has drawn on the academic literature (and other materials, where relevant) investigating the role of the police in tackling neglect to inform the development of a National Safeguarding Action Plan. The key messages throughout the briefing are directly linked to the actions recommended, thus (most) actions are directly embedded within the evidence base.
- 9.2 The evidence cited here is drawn primarily from research with non-police professionals, because there is a distinct lack of evidence focussed on policing and neglect. This briefing draws attention to the huge gap in knowledge around the ways in which police identify and respond when they have concerns or suspicions of neglect. The briefing argues that the police have an important role to play in identifying concerns at an earlier stage, to support families and children receiving help in a timely way.
- 9.3 A range of key messages and recommendations have been made across police processes, aimed at the National Lead for Child Protection and Abuse Investigation, local forces and front-line police professionals. Some of the recommendations are strategic and require multi-agency responses. However, the police should be active in their responses to neglect, working actively with LSCBs and partners to achieve better outcomes for children. There are specific recommendations for individual forces however, which can improve practice and response among all levels and ranks. Promising practice should be shared outwardly also with other forces and partner agencies. Finally, there are messages here for front-line police officers to alert them to their roles and responsibilities in relation to neglect.
- 9.4 Evidence in relation to policing and neglect is almost entirely absent. This briefing therefore also calls on the research community to urgently fill the gaps in knowledge that could contribute to improved policing responses to child neglect.

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<sup>1</sup> See Allnock (forthcoming 2015). In brief, the review draws on UK or international systematic reviews and meta-analyses where possible in terms of the patterns and characteristics of neglect. Practice evidence, however, is drawn primarily from UK-based research studies since the year 2000.

<sup>2</sup> Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano, R. (2002) *World report on violence and health*. Geneva: World Health Organization. (p. 59) Available at: [http://apps.who.int/iris/bitstream/10665/42495/1/9241545615\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf)

<sup>3</sup> The Children Act 1989. Available at: <http://www.legislation.gov.uk/ukpga/1989/41/section/31>

<sup>4</sup> Department for Education (2015) *Working together to safeguard children*. London: DfE. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

<sup>5</sup> Social Services and Well Being (Wales) Act 2014 Available at: <http://www.legislation.gov.uk/anaw/2014/4/section/197/enacted>. *Welsh statutory guidance (Safeguarding Children: Working Together under the Children Act 2004) is currently being updated and will reflect the new legal definition in due course.*

<sup>6</sup> DfE (2015)

<sup>7</sup> The Children Act 1989, Part 5, Section 6. Available at: <http://www.legislation.gov.uk/ukpga/1989/41/section/46>

<sup>8</sup> (1) If any person who has attained the age of sixteen years and has responsibility for any child or young person under that age, wilfully assaults, ill-treats, neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated, neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health



(including injury to or loss of sight, or hearing, or limb, or organ of the body, and any mental derangement), that person shall be guilty of a misdemeanour, and shall be liable—

(a) on conviction on indictment, to a fine... or alternatively,..., or in addition thereto, to imprisonment for any term not exceeding ten years;

(b) on summary conviction, to a fine not exceeding £400 pounds, or alternatively, ..., or in addition thereto, to imprisonment for any term not exceeding six months.

(2) For the purposes of this section—

(a) a parent or other person legally liable to maintain a child or young person, or the legal guardian of a child or young person, shall be deemed to have neglected him in a manner likely to cause injury to his health if he has failed to provide adequate food, clothing, medical aid or lodging for him, or if, having been unable otherwise to provide such food, clothing, medical aid or lodging, he has failed to take steps to procure it to be provided under the enactments applicable in that behalf;

(b) where it is proved that the death of an infant under three years of age was caused by suffocation (not being suffocation caused by disease or the presence of any foreign body in the throat or air passages of the infant) while the infant was in bed with some other person who has attained the age of sixteen years, to bed, under the influence of drink, be deemed to have neglected the infant in a manner likely to cause injury to its health.

<sup>9</sup> Hoyano, L. (2013) *The criminal law and child neglect: an independent analysis and proposal for reform*. London: AfC. Available at: <http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/actionforchildren/criminal13.aspx>;

Action for Children (2012) *Keeping children safe: The case for reforming the law on neglect*. London: AfC. Available at: <http://resourcecentre.savethechildren.se/library/keeping-children-safe-case-reforming-law-child-neglect>

<sup>10</sup> Home Office (2015) *Serious Crime Act 2015*. Gov.uk <https://www.gov.uk/government/collections/serious-crime-bill>

<sup>11</sup> Connell-Carrick, K. (2003) A critical review of the empirical literature: Identifying correlates of child neglect. *Child and Adolescent Social Work Journal*, 20(5), 389-425; Davies, C. and Ward, H. (2012) *Safeguarding children across services: Messages from research*. London: Jessica Kingsley Publishers. Available at:

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<sup>12</sup> Dickens, J. (2007) Child neglect and the law: Catapults, thresholds and delay. *Child Abuse Review*, 16, 77-92.

<sup>13</sup> Scottish Executive (2002) *"It's everyone's job to make sure I'm alright": Report of the child protection audit and review*. Edinburgh: Scottish Executive. Available at: <http://www.gov.scot/Resource/Doc/47007/0023992.pdf>

<sup>14</sup> Dickens (2007)

<sup>15</sup> Stevenson, O. (2007) *Neglected Children and Their Families*, London: Wiley.

<sup>16</sup> Dickens (2007)

<sup>17</sup> DfE (2015)

<sup>18</sup> Brandon, M., Glaser, D., Maguire, S., McCrory, E., Lushey, C. and Ward, H. (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* London: DfE. Available at:

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Indicators of neglect missed opportunities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf)

<sup>19</sup> Golden, M., Samuels, M. and Southall, D. (2003) How to distinguish between neglect and deprivational abuse. *Archives of Diseases in Childhood*, Vol. 88: 105-7.

<sup>20</sup> Dubowitz, et al. (2005) Examination of a Conceptual Model of Child Neglect. *Child Maltreatment*, 10, 173-89.

<sup>21</sup> Jutte, S., Bentley, H., Tallis, D., Mayes, J., Jetha, N., O'Hagan, O., Brookes, H. and McConnell, N. (2015) *How safe are our children?* London: The NSPCC. Available at: <http://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2015-report.pdf>

<sup>22</sup> Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*. London: The NSPCC. Available at: <http://www.nspcc.org.uk/services-and-resources/research-and-resources/child-abuse-and-neglect-in-the-uk-today/>

<sup>23</sup> Experiences of maltreatment were defined in the NSPCC research as severe on the basis of the type of maltreatment, its frequency, whether there were multiple forms, an injury, whether a weapon had been used, if it was defined by the victim as being abusive or would fall into a more severe category of abuse under the criminal law.

<sup>24</sup> Brandon, M., Bailey, S., Belderson, P. and Larsson, B. (2013) *Neglect and serious case reviews*. London: The NSPCC. Available at: <https://www.nspcc.org.uk/globalassets/documents/research-reports/neglect-serious-case-reviews-report.pdf>

<sup>25</sup> Horwath, J. (2007) *Child Neglect: Identification and Assessment*. Basingstoke, Hampshire: Palgrave Macmillan; Moran, P. (2010) *Neglect: research evidence to inform practice*. London: AfC. Available at:

<https://www.actionforchildren.org.uk/resources-and-publications/research/neglect-research-evidence-to-inform-practice/>

<sup>26</sup> Brandon et al. (2013)

<sup>27</sup> Brandon et al. (2013)



- <sup>28</sup> Friedman, M. (2015) Mother blame, fat shame and moral panic: "Obesity" and child welfare. *Fat studies: An Interdisciplinary Journal of Body Weight and Society*, 4(1), 14-27; Murtagh, L. (2007) Judicial Interventions for morbidly obese children. *Journal of Law, Medicine and Ethics*, 35, 497.
- <sup>29</sup> Ackner, S., Skeate, A., Patterson, P. and Neal, A. (2013) Emotional abuse and psychosis: A recent review of the literature. *Journal of Aggression, Maltreatment and Trauma*, 22(9), 1032-1049.
- <sup>30</sup> Brandon et al. (2013)
- <sup>31</sup> Brandon et al. (2013)
- <sup>32</sup> Brandon et al. (2013)
- <sup>33</sup> Brandon et al. (2013)
- <sup>34</sup> Sidebotham, P. (2003) Red skies, risk factors and early indicators. *Child Abuse Review*, 12, pp.41-45.
- <sup>35</sup> Finkelhor, D., Ormrod, R. and Turner, H. (2007) Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychopathology*, 19, 149-166; Radford et al. (2011).
- <sup>36</sup> Davidson, G., Bunting, L. and Webb, M.A. (2012) *Families experiencing multiple adversities: A review of the international literature*. Ilford: Barnardo's. Available at: [http://www.barnardos.org.uk/9281\\_multiple\\_adversities\\_report\\_web.pdf](http://www.barnardos.org.uk/9281_multiple_adversities_report_web.pdf); and Schoon, I., Sacker, A. and Bartley, M. (2003) Socio-economic adversity and psychosocial adjustment: A developmental-contextual perspective. *Social Science and Medicine*, 57(6), 1001-1015.
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